

SECTION 404 (2) (c) Part 2  
TOTAL CMHSP COSTS BY SERVICE  
CATEGORY AND CMHSP  
FY 2007

Adults with Mental Illness  
(Adult MI)

## Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2007 MDCH/CMHSP contract. Cost data were collected from October 1, 2006 to September 30, 2007 and submitted to MDCH by January 31, 2008. The data in this section represent the total costs associated with providing mental health services to adults with mental illness (adult MI) by service category for each of the 46 CMHSPs within the State of Michigan.

Definitions for terms found in this section are presented in Section 404 (3).

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Allegan	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	540	\$193,601	\$38,720	\$359	108
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	8	88	\$43,830	\$5,479	\$498	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	110	740	\$493,225	\$4,484	\$667	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	3	20	\$4,655	\$1,552	\$233	7
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	19	256	\$19,461	\$1,024	\$76	13
Assessment-Psychiatric Assessment		90801		Encounter	212	212	\$49,862	\$235	\$235	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	298	595	\$48,082	\$161	\$81	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	537	5,361	\$767,749	\$1,430	\$143	10

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Allegan

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	41	81	\$17,275	\$421	\$213	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	8	24	\$3,067	\$383	\$128	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	22	278	\$33,585	\$1,527	\$121	13
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	508	1,734	\$171,978	\$339	\$99	3

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State of Michigan

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	18	50	\$9,046	\$503	\$181	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$188	\$188	\$188	1
Occupational Therapy		97004		Encounter	1	1	\$184	\$184	\$184	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	1	4	\$154	\$154	\$39	4
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Adults with Mental Illness

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State of Michigan

Allegan	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

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Service Category	Revenue Code	HPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	45	45	\$3,288	\$73	\$73	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	9	30	\$5,054	\$562	\$168	3
Assessment		H0031		Encounter	608	641	\$103,316	\$170	\$161	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	670	1,477	\$144,096	\$215	\$98	2
Substance Abuse: Pharmacological Support - Suboxone		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	3	154	\$7,149	\$2,383	\$46	51
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	14	318	\$15,114	\$1,080	\$48	23
Peer Directed and Operated Support Services		NA			24	0	\$134,651	\$5,610	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	118	9,895	\$487,830	\$4,134	\$49	84
Community Living Supports in Independent living/own home		H0043		Per diem	3	731	\$100,017	\$33,339	\$137	244
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	5	10	\$682	\$136	\$68	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	35	122	\$6,033	\$172	\$49	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	19	3,854	\$30,755	\$1,619	\$8	203
Community Living Supports (15 Minutes)		H2015		15 Minutes	5	52,434	\$190,233	\$38,047	\$4	10,487
Community Living Supports (Daily)		H2016		Per Diem	17	3,531	\$83,608	\$4,918	\$24	208
Community Living Supports (Daily)		H2016	TF	Per Diem	9	2,098	\$148,503	\$16,500	\$71	233
Community Living Supports (Daily)		H2016	TG	Per Diem	13	2,050	\$449,876	\$34,606	\$219	158
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	35	2,201	\$71,339	\$2,038	\$32	63
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

Allegan	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	5	3,651	\$8,343	\$1,669	\$2	730
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	1	21	\$397	\$397	\$19	21
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	76	2,808	\$139,698	\$1,838	\$50	37
Targeted Case Management		T1017		15 minutes	198	8,687	\$422,275	\$2,133	\$49	44
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	35	857	\$34,899	\$997	\$41	24
Personal Care in Licensed Specialized Residential Setting		T1020		Days	32	7,070	\$49,674	\$1,552	\$7	221
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1	365	\$6,013	\$6,013	\$16	365
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	216	\$38,102	\$38,102	\$176	216
Assessments		T1023		Encounter	187	238	\$29,222	\$156	\$123	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					12	0	\$76,591	\$6,383	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			21	0	\$3,283	\$156	\$0	0



# CMHSP Cost Data by Service Category

Adults with Mental Illness

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State of Michigan

Allegan										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					1,103		\$4,645,983			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

AuSable Valley											
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	1	\$58,675	\$58,675	\$58,675	1	
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0	
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2	46	\$14,865	\$7,433	\$323	23	
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	19	164	\$87,459	\$4,603	\$533	9	
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0	
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0	
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0	
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0	
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0	
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0	
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0	
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0	
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0	
Medication Administration		90772		Encounter	1	59	\$795	\$795	\$13	59	
Assessment-Psychiatric Assessment		90801		Encounter	298	362	\$58,872	\$198	\$163	1	
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0	
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0	
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0	
Therapy-Individual Therapy		90804		Encounter 20-30 Min	175	273	\$16,053	\$92	\$59	2	
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0	
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0	
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0	
Therapy-Individual Therapy		90806		Encounter 45-50 Min	478	1,524	\$149,354	\$312	\$98	3	

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AuSable Valley										
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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	11	17	\$2,033	\$185	\$120	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	5	6	\$717	\$143	\$120	1
Therapy-Family Therapy		90847		Encounter	30	68	\$8,131	\$271	\$120	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	110	418	\$24,989	\$227	\$60	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	347	868	\$67,890	\$196	\$78	3

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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	24	42	\$5,021	\$209	\$120	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	1	1	\$120	\$120	\$120	1
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	9	18	\$242	\$27	\$13	2
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			2	2	\$78	\$39	\$39	1
Additional Codes-Physician Services		99222			5	5	\$564	\$113	\$113	1
Additional Codes-Physician Services		99223			1	1	\$89	\$89	\$89	1
Additional Codes-Physician Services		99231			7	40	\$1,216	\$174	\$30	6
Additional Codes-Physician Services		99232			3	5	\$318	\$106	\$64	2
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

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Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	11	55	\$3,443	\$313	\$63	5
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	81	81	\$9,667	\$119	\$119	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	306	501	\$53,499	\$175	\$107	2
Assessment		H0031		Encounter	646	708	\$102,148	\$158	\$144	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	562	597	\$71,385	\$127	\$120	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	28	2,761	\$170,906	\$6,104	\$62	99
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	71	8,624	\$751,630	\$10,586	\$87	121
Community Living Supports in Independent living/own home		H0043		Per diem	9	3,077	\$482,627	\$53,625	\$157	342
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	274	2,194	\$64,717	\$236	\$29	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	25	1,674	\$16,455	\$658	\$10	67
Community Living Supports (15 Minutes)		H2015		15 Minutes	8	18,380	\$79,255	\$9,907	\$4	2,298
Community Living Supports (Daily)		H2016		Per Diem	1	165	\$32,010	\$32,010	\$194	165
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	33	1,712	\$316,670	\$9,596	\$185	52
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	3	153	\$8,441	\$2,814	\$55	51
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	38	21,321	\$209,585	\$5,515	\$10	561
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

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AuSable Valley										
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Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	6	84	\$1,908	\$318	\$23	14
Family Training		S5111		Encounter	6	23	\$4,239	\$707	\$184	4
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	1	528	\$396	\$396	\$1	528
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	208	225	\$12,133	\$58	\$54	1
Health Services		T1002		Up to 15 min	378	1,770	\$23,861	\$63	\$13	5
Respite Care		T1005		15 Minutes	1	1,022	\$4,251	\$4,251	\$4	1,022
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	5	14	\$1,272	\$254	\$91	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2	30	\$1,969	\$985	\$66	15
Targeted Case Management		T1017		15 minutes	99	7,877	\$517,046	\$5,223	\$66	80
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	10	1,711	\$18,584	\$1,858	\$11	171
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	115	146	\$17,458	\$152	\$120	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			30	0	\$28,836	\$961	\$0	0

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AuSable Valley										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
<b>Total Population and Cost</b>					<b>1,188</b>		<b>\$3,501,872</b>			



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Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	4	172	\$55,556	\$13,889	\$323	43
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	58	401	\$241,050	\$4,156	\$601	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	65	66	\$9,741	\$150	\$148	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	239	387	\$28,538	\$119	\$74	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	779	3,938	\$594,891	\$764	\$151	5

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	34	43	\$9,513	\$280	\$221	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	175	386	\$55,085	\$315	\$143	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	271	1,983	\$93,114	\$344	\$47	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	236	926	\$39,742	\$168	\$43	4

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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	8	16	\$2,360	\$295	\$147	2
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	2	2	\$414	\$207	\$207	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	5	102	\$332	\$66	\$3	20
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			1	1	\$93	\$93	\$93	1
Additional Codes-Physician Services		99222			1	1	\$131	\$131	\$131	1
Additional Codes-Physician Services		99223			1	1	\$170	\$170	\$170	1
Additional Codes-Physician Services		99231			2	9	\$534	\$267	\$59	5
Additional Codes-Physician Services		99232			3	7	\$534	\$178	\$76	2
Additional Codes-Physician Services		99233			1	1	\$93	\$93	\$93	1
Additional Codes-Physician Services		99238		30 Minutes or less	3	3	\$254	\$85	\$85	1
Additional Codes-Physician Services		99241		Encounter	121	293	\$10,803	\$89	\$37	2
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

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Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	14	79	\$3,482	\$249	\$44	6
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	506	516	\$83,974	\$166	\$163	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	4	23	\$5,750	\$1,438	\$250	6
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	111	135	\$12,397	\$112	\$92	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	52	64	\$9,645	\$185	\$151	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	1	52	\$2,292	\$2,292	\$44	52
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	8	208	\$2,278	\$285	\$11	26
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	10	557	\$18,716	\$1,872	\$34	56
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	1	1	\$192	\$192	\$192	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	135	800	\$42,017	\$311	\$53	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	16	17,678	\$140,913	\$8,807	\$8	1,105
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	6	2,082	\$219,774	\$36,629	\$106	347
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

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Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	11	284	\$2,070	\$188	\$7	26
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	5	4,476	\$6,714	\$1,343	\$2	895
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	120	390	\$11,845	\$99	\$30	3
Health Services		S9446		Encounter	9	198	\$3,971	\$441	\$20	22
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	41	201	\$16,102	\$393	\$80	5
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	9	9	\$1,068	\$119	\$119	1
Health Services		T1002		Up to 15 min	34	70	\$1,661	\$49	\$24	2
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	17	45	\$6,789	\$399	\$151	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	46	740	\$73,223	\$1,592	\$99	16
Targeted Case Management		T1017		15 minutes	56	1,481	\$150,769	\$2,692	\$102	26
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	27	\$1,510	\$755	\$56	14
Personal Care in Licensed Specialized Residential Setting		T1020		Days	6	1,932	\$23,357	\$3,893	\$12	322
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	150	\$16,988	\$16,988	\$113	150
Assessments		T1023		Encounter	58	65	\$18,407	\$317	\$283	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	14	803	\$11,040	\$789	\$14	57
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0

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Total Population and Cost					1,183		\$2,029,890			

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Service Category	Revenue Code	HPCPS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	10	1,669	\$649,516	\$64,952	\$389	167
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	5	52	\$22,832	\$4,566	\$439	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	250	1,504	\$873,170	\$3,493	\$581	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	126	1,373	\$71,639	\$569	\$52	11
Assessment-Psychiatric Assessment		90801		Encounter	972	1,036	\$139,196	\$143	\$134	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	287	422	\$16,966	\$59	\$40	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,299	11,145	\$767,427	\$591	\$69	9



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State of Michigan

**Bay-Arenac**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	84	156	\$20,369	\$242	\$131	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	1	1	\$26	\$26	\$26	1
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	8	43	\$1,176	\$147	\$27	5
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	5	9	\$590	\$118	\$66	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	227	2,075	\$87,338	\$385	\$42	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	2,128	9,456	\$402,907	\$189	\$43	4

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Adults with Mental Illness

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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	10	45	\$12,507	\$1,251	\$278	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	2	2	\$160	\$80	\$80	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	3	3	\$241	\$80	\$80	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	4	73	\$1,559	\$390	\$21	18
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	3	35	\$606	\$202	\$17	12
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	23	351	\$5,443	\$237	\$16	15
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	176	313	\$2,427	\$14	\$8	2
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			17	17	\$918	\$54	\$54	1
Additional Codes-Physician Services		99222			299	342	\$38,260	\$128	\$112	1
Additional Codes-Physician Services		99223			11	12	\$1,831	\$166	\$153	1
Additional Codes-Physician Services		99231			297	1,254	\$41,446	\$140	\$33	4
Additional Codes-Physician Services		99232			57	140	\$1,816	\$32	\$13	2
Additional Codes-Physician Services		99233			7	14	\$1,107	\$158	\$79	2
Additional Codes-Physician Services		99238		30 Minutes or less	246	289	\$11,547	\$47	\$40	1
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	9	9	\$417	\$46	\$46	1
Additional Codes-Physician Services		99252		Encounter	23	23	\$1,419	\$62	\$62	1
Additional Codes-Physician Services		99253		Encounter	15	15	\$1,327	\$88	\$88	1
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	5	1,471	\$702	\$140	\$0	294
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	2	134	\$586	\$293	\$4	67
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			2	2	\$236	\$118	\$118	1
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

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Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	\$70	\$70	\$70	1
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	678	704	\$82,033	\$121	\$117	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	618	721	\$37,612	\$61	\$52	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	64	6,003	\$276,752	\$4,324	\$46	94
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	116	10,369	\$90,343	\$779	\$9	89
Peer Directed and Operated Support Services		NA			116	0	\$120,432	\$1,038	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	110	12,486	\$1,229,833	\$11,180	\$98	114
Community Living Supports in Independent living/own home		H0043		Per diem	6	1,593	\$166,164	\$27,694	\$104	266
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	4	4	\$424	\$106	\$106	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	278	1,530	\$65,781	\$237	\$43	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	38	94,225	\$113,955	\$2,999	\$1	2,480
Community Living Supports (15 Minutes)		H2015		15 Minutes	46	42,223	\$383,013	\$8,326	\$9	918
Community Living Supports (Daily)		H2016		Per Diem	5	1,718	\$54,193	\$10,839	\$32	344
Community Living Supports (Daily)		H2016	TF	Per Diem	16	4,312	\$234,514	\$14,657	\$54	270
Community Living Supports (Daily)		H2016	TG	Per Diem	29	7,647	\$950,016	\$32,759	\$124	264
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	44	39,309	\$100,242	\$2,278	\$3	893
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

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Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	134	145,604	\$320,589	\$2,392	\$2	1,087
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1	1	\$417	\$417	\$417	1
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	21	21	\$2,465	\$117	\$117	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	60	8,152	\$99,723	\$1,662	\$12	136
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	177	182	\$22,324	\$126	\$123	1
Health Services		T1002		Up to 15 min	290	3,518	\$80,877	\$279	\$23	12
Respite Care		T1005		15 Minutes	27	38,820	\$91,035	\$3,372	\$2	1,438
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	24	561	\$46,912	\$1,955	\$84	23
Targeted Case Management		T1017		15 minutes	1,134	39,024	\$1,946,106	\$1,716	\$50	34
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	38	1,022	\$66,514	\$1,750	\$65	27
Personal Care in Licensed Specialized Residential Setting		T1020		Days	31	8,981	\$82,342	\$2,656	\$9	290
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	8	2,220	\$122,050	\$15,256	\$55	278
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	5	1,112	\$73,580	\$14,716	\$66	222
Assessments		T1023		Encounter	673	894	\$660,344	\$981	\$739	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	5	\$22	\$22	\$4	5
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	32	7,305	\$30,741	\$961	\$4	228
Transportation		T2004			1	250	\$257	\$257	\$1	250
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	87	13	\$184,973	\$2,126	\$14,229	0
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	\$3,996	\$3,996	\$3,996	1
Pharmacy (Drugs and Other Biologicals)					585	0	\$237,089	\$405	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			22	0	\$1,774	\$81	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness					Fiscal Year 2006-2007			State of Michigan	
Bay-Arenac	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Unit/Case
Service Category									
Total Population and Cost					3,297		\$11,157,212		

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

**Berrien**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	20	2,707	\$874,361	\$43,718	\$323	135
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	23	\$15,417	\$5,139	\$670	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	136	1,576	\$920,858	\$6,771	\$584	12
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	133	1,522	\$142,225	\$1,069	\$93	11
Assessment-Psychiatric Assessment		90801		Encounter	682	711	\$238,702	\$350	\$336	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	133	188	\$22,838	\$172	\$121	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,139	6,179	\$1,210,658	\$1,063	\$196	5

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Berrien

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	22	94	\$26,619	\$1,210	\$283	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	1	1	\$70	\$70	\$70	1
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	2	\$392	\$392	\$196	2
Therapy-Family Therapy		90847		Encounter	16	51	\$9,933	\$621	\$195	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	25	286	\$47,069	\$1,883	\$165	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	1,664	6,517	\$913,623	\$549	\$140	4



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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	1	1	\$230	\$230	\$230	1
Speech & Language Therapy		92507		Encounter	1	2	\$120	\$120	\$60	2
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	8	39	\$6,560	\$820	\$168	5
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$120	\$120	\$120	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	21	21	\$1,177	\$56	\$56	1
Additional Codes-Physician Services		99212		Encounter	5	5	\$327	\$65	\$65	1
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99214		Encounter	181	230	\$64,498	\$356	\$280	1
Additional Codes-Physician Services		99215		Encounter	1	1	\$421	\$421	\$421	1
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			153	177	\$18,585	\$121	\$105	1
Additional Codes-Physician Services		99223			3	3	\$467	\$156	\$156	1
Additional Codes-Physician Services		99231			213	1,601	\$73,564	\$345	\$46	8
Additional Codes-Physician Services		99232			7	9	\$450	\$64	\$50	1
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	179	205	\$10,526	\$59	\$51	1
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	6	6	\$841	\$140	\$140	1
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	73	1,453	\$50,127	\$687	\$34	20
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**
**Adults with Mental Illness**

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Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1	1	\$75	\$75	\$75	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	26	119	\$29,750	\$1,144	\$250	5
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	1,294	1,334	\$497,881	\$385	\$373	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	10	11	\$3,464	\$346	\$315	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	4	259	\$24,203	\$6,051	\$93	65
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	25	501	\$14,045	\$562	\$28	20
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	51	6,462	\$664,234	\$13,024	\$103	127
Community Living Supports in Independent living/own home		H0043		Per diem	2	99	\$25,468	\$12,734	\$257	50
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	7	15	\$1,878	\$268	\$125	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	19	91	\$3,985	\$210	\$44	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	25	90,548	\$204,017	\$8,161	\$2	3,622
Community Living Supports (15 Minutes)		H2015		15 Minutes	103	90,506	\$327,042	\$3,175	\$4	879
Community Living Supports (Daily)		H2016		Per Diem	11	2,212	\$596,425	\$54,220	\$270	201
Community Living Supports (Daily)		H2016	TF	Per Diem	3	297	\$12,476	\$4,159	\$42	99
Community Living Supports (Daily)		H2016	TG	Per Diem	48	9,506	\$1,160,930	\$24,186	\$122	198
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	37	4,606	\$28,615	\$773	\$6	124
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

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Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	53	72,380	\$1,110,588	\$20,954	\$15	1,366
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	1	14	\$3,156	\$3,156	\$225	14
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	3	3	\$841	\$280	\$280	1
Health Services		T1002		Up to 15 min	20	88	\$4,794	\$240	\$54	4
Respite Care		T1005		15 Minutes	1	576	\$2,151	\$2,151	\$4	576
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	1	15	\$841	\$841	\$56	15
Supports Coordination/Wrap Facilitation		T1016		15 minutes	76	2,273	\$254,336	\$3,347	\$112	30
Targeted Case Management		T1017		15 minutes	372	7,866	\$808,655	\$2,174	\$103	21
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	3	29	\$1,402	\$467	\$48	10
Personal Care in Licensed Specialized Residential Setting		T1020		Days	57	11,419	\$126,843	\$2,225	\$11	200
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	3	272	\$10,665	\$3,555	\$39	91
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2	275	\$33,232	\$16,616	\$121	138
Assessments		T1023		Encounter	491	659	\$184,836	\$376	\$280	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	1	\$100	\$100	\$100	1
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	1	1	\$800	\$800	\$800	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			143	0	\$223,476	\$1,563	\$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
<b>Total Population and Cost</b>					<b>2,878</b>		<b>\$11,011,981</b>			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	90	8,575	\$2,878,052	\$31,978	\$336	95
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	29	372	\$159,111	\$5,487	\$428	13
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	592	7,520	\$3,079,367	\$5,202	\$409	13
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	1	11	\$4,514	\$4,514	\$410	11
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	317	5,194	\$370,329	\$1,168	\$71	16
Assessment-Psychiatric Assessment		90801		Encounter	1,504	2,144	\$886,172	\$589	\$413	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	12	12	\$6,568	\$547	\$547	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	312	749	\$82,974	\$266	\$111	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	9	10	\$1,108	\$123	\$111	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	574	2,695	\$547,456	\$954	\$203	5

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	42	85	\$25,111	\$598	\$295	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	1	1	\$295	\$295	\$295	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	11	15	\$1,662	\$151	\$111	1
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	9	10	\$1,846	\$205	\$185	1
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	2	3	\$880	\$440	\$293	2
Therapy-Family Therapy		90847		Encounter	18	63	\$12,168	\$676	\$193	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	59	538	\$76,873	\$1,303	\$143	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	16	76	\$6,140	\$384	\$81	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	1,965	9,660	\$1,691,666	\$861	\$175	5

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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	13	21	\$7,103	\$546	\$338	2
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	3	3	\$119	\$40	\$40	1
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0



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Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	3	10	\$882	\$294	\$88	3
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	76	2,842	\$12,569	\$165	\$4	37
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			79	116	\$21,022	\$266	\$181	1
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	2	15	\$2,143	\$1,072	\$143	8
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	385	4,357	\$1,232,020	\$3,200	\$283	11
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	7	17	\$5,977	\$854	\$352	2
Assessment		H0031		Encounter	855	908	\$363,527	\$425	\$400	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	282	326	\$82,015	\$291	\$252	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	181	1,686	\$264,510	\$1,461	\$157	9
Home Based Services		H0036		15 Minutes	114	6,251	\$389,554	\$3,417	\$62	55
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	4	133	\$8,017	\$2,004	\$60	33
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	78	6,725	\$754,518	\$9,673	\$112	86
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	1,616	9,967	\$1,019,208	\$631	\$102	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	44	2,000	\$7,297	\$166	\$4	45
Community Living Supports (15 Minutes)		H2015		15 Minutes	484	84,868	\$330,241	\$682	\$4	175
Community Living Supports (Daily)		H2016		Per Diem	45	12,244	\$323,307	\$7,185	\$26	272
Community Living Supports (Daily)		H2016	TF	Per Diem	28	8,091	\$481,741	\$17,205	\$60	289
Community Living Supports (Daily)		H2016	TG	Per Diem	74	20,533	\$2,838,124	\$38,353	\$138	277
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	3	33	\$3,362	\$1,121	\$102	11
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	81	6,913	\$350,135	\$4,323	\$51	85
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	136	87,407	\$595,196	\$4,376	\$7	643
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	143	763	\$93,090	\$651	\$122	5
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	12	16	\$996	\$83	\$62	1
Foster Care		S5140		Days	28	8,530	\$193,431	\$6,908	\$23	305
Foster Care		S5145		Days	2	3	\$963	\$482	\$321	2
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	331	1,229	\$118,655	\$358	\$97	4
Health Services		S9446		Encounter	1	1	\$75	\$75	\$75	1
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	342	453	\$405,829	\$1,187	\$896	1
Residential Room and Board		S9976		Days	385	4,357	\$155,467	\$404	\$36	11
Assessment		T1001		Encounter	177	224	\$33,823	\$191	\$151	1
Health Services		T1002		Up to 15 min	771	2,462	\$136,793	\$177	\$56	3
Respite Care		T1005		15 Minutes	10	576	\$1,402	\$140	\$2	58
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	5	6	\$438	\$88	\$73	1
Targeted Case Management		T1017		15 minutes	1,360	45,055	\$3,184,686	\$2,342	\$71	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	106	2,919	\$213,419	\$2,013	\$73	28
Personal Care in Licensed Specialized Residential Setting		T1020		Days	139	39,593	\$383,050	\$2,756	\$10	285
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	4	1,276	\$75,532	\$18,883	\$59	319
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	52	60	\$8,378	\$161	\$140	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$264,641	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness					Fiscal Year 2006-2007			State of Michigan		
Clinton Eaton Ingham										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					4,411		\$24,195,547			

**CMHSP Cost Data by Service Category**
**Adults with Mental Illness**

Fiscal Year 2006-2007

State of Michigan

**CMH for Central Michigan**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	21	2,648	\$1,016,620	\$48,410	\$384	126
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	13	114	\$75,233	\$5,787	\$660	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	339	1,961	\$1,294,143	\$3,818	\$660	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	2	5	\$1,232	\$616	\$246	3
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	163	2,458	\$97,559	\$599	\$40	15
Assessment-Psychiatric Assessment		90801		Encounter	2,262	2,739	\$437,199	\$193	\$160	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	679	1,232	\$115,845	\$171	\$94	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	24	47	\$1,830	\$76	\$39	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	287	650	\$123,929	\$432	\$191	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	2,858	18,718	\$1,760,053	\$616	\$94	7

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

**CMH for Central Michigan**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	276	915	\$66,526	\$241	\$73	3
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	207	297	\$27,927	\$135	\$94	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	6	10	\$448	\$75	\$45	2
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	10	19	\$1,752	\$175	\$92	2
Therapy-Family Therapy		90847		Encounter	73	162	\$14,942	\$205	\$92	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	4	4	\$530	\$133	\$133	1
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	186	1,400	\$80,515	\$433	\$58	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	220	1,715	\$62,995	\$286	\$37	8
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	2,215	8,077	\$990,725	\$447	\$123	4

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	45	269	\$45,337	\$1,007	\$169	6
Psychological Testing by Technician		96102		Per Hour	17	172	\$28,989	\$1,705	\$169	10
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	1	1	\$900	\$900	\$900	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	18	18	\$3,138	\$174	\$174	1
Occupational Therapy		97004		Encounter	13	13	\$2,091	\$161	\$161	1
Occupational or Physical Therapy		97110		15 Minutes	9	37	\$1,014	\$113	\$27	4
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	7	37	\$1,019	\$146	\$28	5
Occupational or Physical Therapy		97535		15 Minutes	6	28	\$820	\$137	\$29	5
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	5	23	\$621	\$124	\$27	5
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			22	22	\$1,504	\$68	\$68	1
Additional Codes-Physician Services		99222			45	45	\$5,080	\$113	\$113	1
Additional Codes-Physician Services		99223			148	160	\$24,979	\$169	\$156	1
Additional Codes-Physician Services		99231			33	81	\$2,667	\$81	\$33	2
Additional Codes-Physician Services		99232			148	480	\$26,169	\$177	\$55	3
Additional Codes-Physician Services		99233			134	313	\$23,637	\$176	\$76	2
Additional Codes-Physician Services		99238		30 Minutes or less	2	2	\$130	\$65	\$65	1
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	32	37	\$3,247	\$101	\$88	1
Additional Codes-Physician Services		99253		Encounter	15	15	\$1,488	\$99	\$99	1
Additional Codes-Physician Services		99254		Encounter	11	11	\$1,562	\$142	\$142	1
Additional Codes-Physician Services		99255		Encounter	1	1	\$106	\$106	\$106	1
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	8	51	\$2,100	\$263	\$41	6
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0



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Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Periodontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	278	293	\$24,559	\$88	\$84	1
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	112	113	\$5,650	\$50	\$50	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	69	155	\$62,033	\$899	\$400	2
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	29	215	\$20,247	\$698	\$94	7
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Days	52	914	\$133,098	\$2,560	\$146	18
Substance Abuse: Residential	1002	H0019		Days	23	918	\$66,015	\$2,870	\$72	40
Substance Abuse: Methadone		H0020		Encounter	2	345	\$2,760	\$1,380	\$8	173
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	85	138	\$18,872	\$222	\$137	2
Assessment		H0031		Encounter	404	452	\$143,474	\$355	\$317	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	1,312	1,618	\$183,433	\$140	\$113	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	138	354	\$14,051	\$102	\$40	3
Home Based Services		H0036		15 Minutes	73	5,962	\$249,451	\$3,417	\$42	82
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	9	441	\$1,601	\$178	\$4	49
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	66	6,404	\$404,861	\$6,134	\$63	97
Community Living Supports in Independent living/own home		H0043		Per diem	32	2,883	\$203,223	\$6,351	\$70	90
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	599	2,673	\$596,079	\$995	\$223	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	605	430,203	\$933,541	\$1,543	\$2	711
Community Living Supports (15 Minutes)		H2015		15 Minutes	522	1,493,792	\$4,884,699	\$9,358	\$3	2,862
Community Living Supports (Daily)		H2016		Per Diem	35	8,351	\$148,063	\$4,230	\$18	239
Community Living Supports (Daily)		H2016	TF	Per Diem	47	12,154	\$575,856	\$12,252	\$47	259
Community Living Supports (Daily)		H2016	TG	Per Diem	118	30,834	\$3,467,591	\$29,386	\$112	261
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	2	16	\$1,136	\$568	\$71	8
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	101	167,354	\$413,365	\$4,093	\$2	1,657
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

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Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	172	206,419	\$536,689	\$3,120	\$3	1,200
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	625	1,000	\$122,600	\$196	\$123	2
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1	10	\$1,300	\$1,300	\$130	10
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	55	571	\$72,643	\$1,321	\$127	10
Environmental Modification		S5165		Service	2	2	\$1,334	\$667	\$667	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	4	375	\$12,213	\$3,053	\$33	94
Health Services		S9445		Encounter	6	10	\$1,608	\$268	\$161	2
Health Services		S9446		Encounter	31	147	\$8,575	\$277	\$58	5
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	8	1,340	\$10,747	\$1,343	\$8	168
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	129	129	\$19,416	\$151	\$151	1
Health Services		T1002		Up to 15 min	1,590	4,714	\$181,631	\$114	\$39	3
Respite Care		T1005		15 Minutes	37	25,746	\$38,104	\$1,030	\$1	696
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	23	43	\$3,966	\$172	\$92	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	487	23,662	\$1,678,346	\$3,446	\$71	49
Targeted Case Management		T1017		15 minutes	1,080	46,010	\$3,263,489	\$3,022	\$71	43
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	125	27,360	\$440,497	\$3,524	\$16	219
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	44	11,749	\$539,397	\$12,259	\$46	267
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	127	12,686	\$1,299,427	\$10,232	\$102	100
Assessments		T1023		Encounter	518	1,042	\$167,543	\$323	\$161	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	53	66	\$9,422	\$178	\$143	1
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	390	26,489	\$36,555	\$94	\$1	68
Transportation		T2003		Encounter / Trip	79	978	\$12,558	\$159	\$13	12
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	26	256	\$25,600	\$985	\$100	10
Enhanced Medical Equipment-Supplies		T2028		Items	3	11	\$1,110	\$370	\$101	4
Enhanced Medical Equipment-Supplies		T2029		Items	16	26	\$14,658	\$916	\$564	2
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	2	22	\$4,070	\$2,035	\$185	11
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	68	202	\$71,156	\$1,046	\$352	3
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					2	0	\$92	\$46	\$0	0
Aggregate for 'J' Codes		ALL			163	0	\$477,056	\$2,927	\$0	0

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CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					5,142		\$27,952,061			

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Adults with Mental Illness

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State of Michigan

**Copper Country**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	7	544	\$224,393	\$32,056	\$412	78
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	55	619	\$403,766	\$7,341	\$652	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	56	\$30,920	\$30,920	\$552	56
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	27	341	\$43,834	\$1,623	\$129	13
Assessment-Psychiatric Assessment		90801		Encounter	97	110	\$61,228	\$631	\$557	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	136	448	\$55,231	\$406	\$123	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	251	1,579	\$282,387	\$1,125	\$179	6

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	10	53	\$15,118	\$1,512	\$285	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	9	11	\$3,666	\$407	\$333	1
Therapy-Family Therapy		90847		Encounter	31	79	\$28,278	\$912	\$358	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	26	231	\$44,663	\$1,718	\$193	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	310	1,652	\$333,656	\$1,076	\$202	5

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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	3	\$611	\$611	\$204	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$2,448	\$2,448	\$2,448	1
Occupational Therapy		97004		Encounter	2	2	\$1,538	\$769	\$769	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	17	270	\$47,568	\$2,798	\$176	16
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	21	337	\$28,410	\$1,353	\$84	16
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

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Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	19	131	\$38,353	\$2,019	\$293	7
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	28	681	\$192,312	\$6,868	\$282	24
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	107	127	\$46,346	\$433	\$365	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	99	127	\$29,969	\$303	\$236	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	5	574	\$47,132	\$9,426	\$82	115
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$65,197	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	35	12,482	\$510,983	\$14,600	\$41	357
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	9	28	\$7,562	\$840	\$270	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	175	884	\$113,047	\$646	\$128	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	40	40,172	\$204,535	\$5,113	\$5	1,004
Community Living Supports (15 Minutes)		H2015		15 Minutes	170	41,084	\$464,987	\$2,735	\$11	242
Community Living Supports (Daily)		H2016		Per Diem	2	48	\$1,514	\$757	\$32	24
Community Living Supports (Daily)		H2016	TF	Per Diem	1	22	\$1,051	\$1,051	\$48	22
Community Living Supports (Daily)		H2016	TG	Per Diem	25	5,562	\$915,550	\$36,622	\$165	222
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	53	7,465	\$115,406	\$2,177	\$15	141
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0



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Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	38	56,691	\$174,312	\$4,587	\$3	1,492
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	177	896	\$152,452	\$861	\$170	5
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	11	190	\$9,668	\$879	\$51	17
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	1	584	\$1,046	\$1,046	\$2	584
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	1	12	\$660	\$660	\$55	12
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	9	10	\$2,473	\$275	\$247	1
Health Services		T1002		Up to 15 min	44	515	\$86,909	\$1,975	\$169	12
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	22	48	\$7,610	\$346	\$159	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	195	1,225	\$130,654	\$670	\$107	6
Targeted Case Management		T1017		15 minutes	130	3,539	\$339,271	\$2,610	\$96	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	7	96	\$8,014	\$1,145	\$83	14
Personal Care in Licensed Specialized Residential Setting		T1020		Days	26	4,994	\$70,836	\$2,724	\$14	192
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2	178	\$8,992	\$4,496	\$51	89
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	256	319	\$154,574	\$604	\$485	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	15	113	\$2,576	\$172	\$23	8
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	1	1	\$109	\$109	\$109	1
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			27	0	\$68,237	\$2,527	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Copper Country										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
<b>Total Population and Cost</b>					<b>680</b>		<b>\$5,580,047</b>			

**CMHSP Cost Data by Service Category**
**Adults with Mental Illness**

Fiscal Year 2006-2007

State of Michigan

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	348	66,602	\$21,021,362	\$60,406	\$316	191
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	11	492	\$215,988	\$19,635	\$439	45
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1,581	14,415	\$8,004,997	\$5,063	\$555	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	4,900	38,192	\$33,931,235	\$6,925	\$888	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	2,360	3,564	\$1,468,850	\$622	\$412	2
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	2	2	\$342	\$171	\$171	1
Additional Codes-ECT Facility Charge	0901			Encounter	1	3	\$1,200	\$1,200	\$400	3
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	407	4,055	\$1,259,494	\$3,095	\$311	10
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	2,330	14,267	\$498,776	\$214	\$35	6
Assessment-Psychiatric Assessment		90801		Encounter	17,350	25,868	\$4,494,277	\$259	\$174	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	26	30	\$4,005	\$154	\$134	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	8,904	42,036	\$2,430,509	\$273	\$58	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	403	1,186	\$73,366	\$182	\$62	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	8,601	43,770	\$5,083,222	\$591	\$116	5

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Adults with Mental Illness

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State of Michigan

Detroit-Wayne										
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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	983	2,834	\$218,849	\$223	\$77	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1,364	2,920	\$439,953	\$323	\$151	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	3	3	\$129	\$43	\$43	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	3	3	\$212	\$71	\$71	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	5	13	\$2,055	\$411	\$158	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	6	20	\$800	\$133	\$40	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	1	\$136	\$136	\$136	1
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	2	6	\$530	\$265	\$88	3
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	208	688	\$36,204	\$174	\$53	3
Therapy-Family Therapy		90847		Encounter	366	867	\$95,814	\$262	\$111	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	16	41	\$4,812	\$301	\$117	3
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	3,792	30,000	\$1,143,881	\$302	\$38	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	141	1,261	\$49,255	\$349	\$39	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	20,829	102,033	\$8,312,527	\$399	\$81	5

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Adults with Mental Illness

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State of Michigan

Detroit-Wayne										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	1	3	\$150	\$150	\$50	3
Assessments-Other		90887		Encounter	1,740	3,226	\$101,811	\$59	\$32	2
Speech & Language Therapy		92506		Encounter	1	1	\$135	\$135	\$135	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	46	215	\$28,443	\$618	\$132	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	1,265	27,189	\$1,755,712	\$1,388	\$65	21
Assessments-Other		96111		Encounter	20	39	\$6,859	\$343	\$176	2
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	118	129	\$24,622	\$209	\$191	1
Occupational Therapy		97004		Encounter	61	64	\$9,288	\$152	\$145	1
Occupational or Physical Therapy		97110		15 Minutes	31	175	\$5,012	\$162	\$29	6
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	642	8,375	\$118,588	\$185	\$14	13
Occupational or Physical Therapy		97530		15 Minutes	48	432	\$11,457	\$239	\$27	9
Occupational or Physical Therapy		97532		15 Minutes	1	15	\$2,025	\$2,025	\$135	15
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

Detroit-Wayne										
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Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			1,047	1,295	\$121,699	\$116	\$94	1
Additional Codes-Physician Services		99223			1	1	\$101	\$101	\$101	1
Additional Codes-Physician Services		99231			217	957	\$96,361	\$444	\$101	4
Additional Codes-Physician Services		99232			840	4,425	\$356,310	\$424	\$81	5
Additional Codes-Physician Services		99233			175	204	\$12,307	\$70	\$60	1
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	30	31	\$956	\$32	\$31	1
Additional Codes-Physician Services		99252		Encounter	97	118	\$10,420	\$107	\$88	1
Additional Codes-Physician Services		99253		Encounter	205	236	\$16,309	\$80	\$69	1
Additional Codes-Physician Services		99254		Encounter	62	71	\$5,819	\$94	\$82	1
Additional Codes-Physician Services		99255		Encounter	23	23	\$2,695	\$117	\$117	1
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	3	4	\$108	\$36	\$27	1
Additional Codes-Physician Services		99263		Encounter	18	24	\$960	\$53	\$40	1
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	73	289	\$28,509	\$391	\$99	4
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			12	12	\$507	\$42	\$42	1
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	791	17,108	\$63,476	\$80	\$4	22
Additional Codes-Transportation		A0427		Refer to code descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

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Detroit-Wayne										
Service Category	Revenue Code	HPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	59	232	\$23,064	\$391	\$99	4
Substance Abuse: Individual Assessment		H0001		Encounter	1,264	9,695	\$403,381	\$319	\$42	8
Assessment		H0002		Encounter	1,835	2,286	\$99,323	\$54	\$43	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	159	1,280	\$422,400	\$2,657	\$330	8
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	467	17,773	\$584,717	\$1,252	\$33	38
Prevention Services - Direct Model		H0025		Face to Face Contact	4	36	\$7,073	\$1,768	\$196	9
Assessment		H0031		Encounter	14,149	27,895	\$3,311,598	\$234	\$119	2
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	11,792	25,909	\$2,494,133	\$212	\$96	2
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	1,697	5,901	\$152,122	\$90	\$26	3
Home Based Services		H0036		15 Minutes	126	11,650	\$562,891	\$4,467	\$48	92
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	568	6,241	\$24,525	\$43	\$4	11
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1,299	305,310	\$9,641,738	\$7,422	\$32	235
Community Living Supports in Independent living/own home		H0043		Per diem	639	42,365	\$2,179,139	\$3,410	\$51	66
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	109	281	\$13,368	\$123	\$48	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	3,679	81,307	\$1,115,664	\$303	\$14	22
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1,955	2,408,233	\$8,148,016	\$4,168	\$3	1,232
Community Living Supports (15 Minutes)		H2015		15 Minutes	771	1,331,333	\$1,920,163	\$2,490	\$1	1,727
Community Living Supports (Daily)		H2016		Per Diem	3,190	392,510	\$26,162,008	\$8,201	\$67	123
Community Living Supports (Daily)		H2016	TF	Per Diem	1,738	271,116	\$14,824,800	\$8,530	\$55	156
Community Living Supports (Daily)		H2016	TG	Per Diem	175	33,162	\$2,582,006	\$14,754	\$78	189
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	12	79	\$9,420	\$785	\$119	7
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	354	35,188	\$184,944	\$522	\$5	99
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Detroit-Wayne										
Service Category	Revenue Code	HPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	925	1,456,897	\$6,547,791	\$7,079	\$4	1,575
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	1,175	2,374	\$60,008	\$51	\$25	2
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	7	712	\$1,286	\$184	\$2	102
Family Training		S5110		15 Minutes	10	240	\$8,110	\$811	\$34	24
Family Training		S5111		Encounter	102	181	\$9,701	\$95	\$54	2
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	1	151	\$29,596	\$29,596	\$196	151
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	7,032	26,397	\$1,045,040	\$149	\$40	4
Health Services		S9446		Encounter	551	7,245	\$170,217	\$309	\$23	13
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	1,057	6,599	\$424,134	\$401	\$64	6
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	6,909	14,426	\$799,449	\$116	\$55	2
Health Services		T1002		Up to 15 min	4,486	19,047	\$706,907	\$158	\$37	4
Respite Care		T1005		15 Minutes	1	382	\$1,210	\$1,210	\$3	382
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	12	42	\$5,043	\$420	\$120	4
Supports Coordination/Wrap Facilitation		T1016		15 minutes	197	3,210	\$307,908	\$1,563	\$96	16
Targeted Case Management		T1017		15 minutes	15,341	418,363	\$16,930,070	\$1,104	\$40	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	2,980	430,657	\$13,530,181	\$4,540	\$31	145
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1,220	159,078	\$7,977,540	\$6,539	\$50	130
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	134	25,892	\$2,515,546	\$18,773	\$97	193
Assessments		T1023		Encounter	37	46	\$11,214	\$303	\$244	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	28	38	\$18,700	\$668	\$492	1
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	2,226	4,555	\$451,006	\$203	\$99	2
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	1	9	\$6,444	\$6,444	\$716	9
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0



# CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Detroit-Wayne	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category										
Total Population and Cost					34,290		\$217,997,013			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	48	9,899	\$3,644,416	\$75,925	\$368	206
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1,078	10,600	\$5,764,410	\$5,347	\$544	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	185	1,344	\$365,559	\$1,976	\$272	7
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	375	4,348	\$120,300	\$321	\$28	12
Assessment-Psychiatric Assessment		90801		Encounter	2,728	2,984	\$479,891	\$176	\$161	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	46	94	\$3,877	\$84	\$41	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	909	4,799	\$297,678	\$327	\$62	5

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State of Michigan

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	\$92	\$92	\$92	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	40	323	\$20,995	\$525	\$65	8
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	2	3	\$249	\$125	\$83	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	29	183	\$4,727	\$163	\$26	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	1	8	\$460	\$460	\$58	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	3,301	12,337	\$1,328,234	\$402	\$108	4

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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	1	1	\$207	\$207	\$207	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	9	38	\$7,861	\$873	\$207	4
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	2	2	\$414	\$207	\$207	1
Assessments-Other		96111		Encounter	1	1	\$0	\$0	\$0	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	5	5	\$1,034	\$207	\$207	1
Physical Therapy		97002		Encounter	7	21	\$4,344	\$621	\$207	3
Occupational Therapy		97003		Encounter	43	48	\$9,930	\$231	\$207	1
Occupational Therapy		97004		Encounter	42	84	\$17,378	\$414	\$207	2
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	53	233	\$48,203	\$909	\$207	4
Assessment or Health Services		97803		15 Minutes	68	339	\$70,132	\$1,031	\$207	5
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	8	11	\$1,952	\$244	\$177	1

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Genesee	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			20	21	\$811	\$41	\$39	1
Additional Codes-Physician Services		99222			14	14	\$858	\$61	\$61	1
Additional Codes-Physician Services		99223			3	3	\$232	\$77	\$77	1
Additional Codes-Physician Services		99231			35	161	\$3,254	\$93	\$20	5
Additional Codes-Physician Services		99232			26	42	\$1,230	\$47	\$29	2
Additional Codes-Physician Services		99233			2	2	\$79	\$39	\$39	1
Additional Codes-Physician Services		99238		30 Minutes or less	6	6	\$175	\$29	\$29	1
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	2	2	\$84	\$42	\$42	1
Additional Codes-Physician Services		99253		Encounter	90	99	\$5,359	\$60	\$54	1
Additional Codes-Physician Services		99254		Encounter	15	16	\$1,195	\$80	\$75	1
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	102	983	\$66,986	\$657	\$68	10
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	24	1,139	\$4,841	\$202	\$4	47
Additional Codes-Transportation		A0427		Refer to code descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			25	26	\$3,101	\$124	\$119	1
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**
**Adults with Mental Illness**

Fiscal Year 2006-2007

State of Michigan

Genesee Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	4	168	\$0	\$0	\$0	42
Substance Abuse: Individual Assessment		H0001		Encounter	199	211	\$14,746	\$74	\$70	1
Assessment		H0002		Encounter	3,223	3,514	\$894,946	\$278	\$255	1
Substance Abuse: Individual Assessment		H0002		Encounter	1,875	2,514	\$192,950	\$103	\$77	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	1,656	42,157	\$664,212	\$401	\$16	25
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	1,064	14,187	\$278,147	\$261	\$20	13
Substance Abuse: Case Management		H0006			50	1,056	\$39,331	\$787	\$37	21
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	209	568	\$116,213	\$556	\$205	3
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	269	2,635	\$245,284	\$912	\$93	10
Crisis Residential Services		H0018		Days	549	3,545	\$841,122	\$1,532	\$237	6
Substance Abuse: Residential	1002	H0018		Days	588	13,448	\$1,218,993	\$2,073	\$91	23
Substance Abuse: Residential	1002	H0019		Days	39	2,975	\$351,557	\$9,014	\$118	76
Substance Abuse: Methadone		H0020		Encounter	223	49,844	\$203,364	\$912	\$4	224
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	2,080	3,135	\$389,177	\$187	\$124	2
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	265	326	\$35,245	\$133	\$108	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	2	2	\$100	\$50	\$50	1
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	160	5,967	\$1,203,946	\$7,525	\$202	37
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	421	80,805	\$4,079,627	\$9,690	\$50	192
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	76	95	\$7,889	\$104	\$83	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	2,021	22,898	\$864,686	\$428	\$38	11
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	141	312,397	\$831,193	\$5,895	\$3	2,216
Community Living Supports (15 Minutes)		H2015		15 Minutes	72	74,186	\$256,299	\$3,560	\$3	1,030
Community Living Supports (Daily)		H2016		Per Diem	19	4,141	\$100,856	\$5,308	\$24	218
Community Living Supports (Daily)		H2016	TF	Per Diem	42	8,178	\$397,379	\$9,461	\$49	195
Community Living Supports (Daily)		H2016	TG	Per Diem	201	50,704	\$4,996,289	\$24,857	\$99	252
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	42	6,845	\$42,781	\$1,019	\$6	163
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

Genesee Service Category	Revenue Code	HPCPS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	138	226,971	\$1,110,915	\$8,050	\$5	1,645
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	636	1,150	\$89,875	\$141	\$78	2
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1	1	\$197	\$197	\$197	1
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	120	209	\$39,718	\$331	\$190	2
Health Services		S9446		Encounter	7	7	\$476	\$68	\$68	1
Health Services		S9470		Encounter	66	115	\$23,664	\$359	\$206	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	590	4,371	\$607,831	\$1,030	\$139	7
Residential Room and Board		S9976		Days	80	1,136	\$3,158	\$39	\$3	14
Assessment		T1001		Encounter	136	146	\$10,216	\$75	\$70	1
Health Services		T1002		Up to 15 min	377	3,806	\$364,778	\$968	\$96	10
Respite Care		T1005		15 Minutes	8	11,390	\$34,967	\$4,371	\$3	1,424
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	1	2	\$0	\$0	\$0	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	13	320	\$13,939	\$1,072	\$44	25
Targeted Case Management		T1017		15 minutes	3,275	181,647	\$8,469,283	\$2,586	\$47	55
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	2	\$120	\$120	\$60	2
Personal Care in Licensed Specialized Residential Setting		T1020		Days	26	5,624	\$134,152	\$5,160	\$24	216
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	28	5,209	\$266,926	\$9,533	\$51	186
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	50	8,017	\$657,363	\$13,147	\$82	160
Assessments		T1023		Encounter	2,086	3,497	\$502,939	\$241	\$144	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	1	48	\$491	\$491	\$10	48
Transportation		T2003		Encounter / Trip	80	10,511	\$199,231	\$2,490	\$19	131
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	6	33	\$3,555	\$593	\$108	6
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	339	1,251	\$231,937	\$684	\$185	4
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					84	0	\$7,921	\$94	\$0	0
Aggregate for 'J' Codes		ALL			329	0	\$783,618	\$2,382	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Genesee										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					9,168		\$44,104,149			



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	456	\$219,277	\$73,092	\$481	152
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	19	201	\$175,190	\$9,221	\$872	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	15	189	\$18,838	\$1,256	\$100	13
Assessment-Psychiatric Assessment		90801		Encounter	80	85	\$33,659	\$421	\$396	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	41	182	\$30,698	\$749	\$169	4

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

**Gogebic**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1	1	\$104	\$104	\$104	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	23	181	\$15,667	\$681	\$87	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	96	366	\$94,820	\$988	\$259	4

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	3	4	\$578	\$193	\$145	1
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$468	\$468	\$468	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762		0	0	\$0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Adults with Mental Illness

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State of Michigan

Gogebic

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			9	11	\$660	\$73	\$60	1
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			8	50	\$3,000	\$375	\$60	6
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

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Adults with Mental Illness

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State of Michigan

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Periodontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	15	88	\$5,914	\$394	\$67	6
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	114	125	\$21,308	\$187	\$170	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	23	305	\$6,298	\$274	\$21	13
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	98	109	\$53,669	\$548	\$492	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	38	50	\$17,642	\$464	\$353	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	7	1,455	\$70,437	\$10,062	\$48	208
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	32	6,319	\$300,458	\$9,389	\$48	197
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	1	1	\$267	\$267	\$267	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	140	902	\$37,226	\$266	\$41	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	7	187	\$393	\$56	\$2	27
Community Living Supports (15 Minutes)		H2015		15 Minutes	46	3,544	\$30,762	\$669	\$9	77
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	11	1,563	\$261,912	\$23,810	\$168	142
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	15	2,627	\$56,402	\$3,760	\$21	175
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

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State of Michigan

Gogebic										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	5	100	\$4,618	\$924	\$46	20
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	14	58	\$17,696	\$1,264	\$305	4
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	1	1	\$316	\$316	\$316	1
Health Services		T1002		Up to 15 min	5	9	\$687	\$137	\$76	2
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	7	14	\$1,797	\$257	\$128	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	117	4,509	\$209,353	\$1,789	\$46	39
Targeted Case Management		T1017		15 minutes	20	776	\$35,836	\$1,792	\$46	39
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	57	\$2,632	\$658	\$46	14
Personal Care in Licensed Specialized Residential Setting		T1020		Days	11	1,563	\$33,917	\$3,083	\$22	142
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	43	59	\$16,495	\$384	\$280	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			5	0	\$6,551	\$1,310	\$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					349		\$1,785,545			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

Gratiot

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	293	\$79,544	\$79,544	\$271	293
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	33	\$22,223	\$22,223	\$673	33
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	48	264	\$177,783	\$3,704	\$673	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	29	201	\$95,608	\$3,297	\$476	7
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	69	69	\$23,862	\$346	\$346	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	43	61	\$3,661	\$85	\$60	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	138	1,413	\$166,480	\$1,206	\$118	10



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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	5	5	\$726	\$145	\$145	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	1	1	\$75	\$75	\$75	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	7	9	\$1,008	\$144	\$112	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	6	136	\$7,711	\$1,285	\$57	23
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	235	996	\$164,141	\$698	\$165	4

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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	2	\$175	\$175	\$87	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	1	4	\$533	\$533	\$133	4
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

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Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	162	181	\$41,614	\$257	\$230	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	203	221	\$55,970	\$276	\$253	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	39	40	\$5,084	\$130	\$127	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	38	1,954	\$97,446	\$2,564	\$50	51
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	87	399	\$42,928	\$493	\$108	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	7	7,554	\$38,374	\$5,482	\$5	1,079
Community Living Supports (Daily)		H2016		Per Diem	1	9	\$790	\$790	\$88	9
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	10	295	\$1,909	\$191	\$6	30
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	29	25,725	\$115,248	\$3,974	\$4	887
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	2	34	\$5,269	\$2,634	\$155	17
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	9	9	\$1,199	\$133	\$133	1
Health Services		T1002		Up to 15 min	173	1,511	\$110,832	\$641	\$73	9
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3	37	\$3,425	\$1,142	\$93	12
Targeted Case Management		T1017		15 minutes	212	6,993	\$275,594	\$1,300	\$39	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	22	67	\$2,640	\$120	\$39	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	9	\$667	\$667	\$74	9
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	32	35	\$22,798	\$712	\$651	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Gratiot										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
<b>Total Population and Cost</b>					<b>592</b>		<b>\$1,565,316</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

Hiawatha

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	7	1,118	\$256,231	\$36,604	\$229	160
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	63	563	\$365,430	\$5,800	\$649	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	56	497	\$74,595	\$1,332	\$150	9
Assessment-Psychiatric Assessment		90801		Encounter	96	103	\$98,190	\$1,023	\$953	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	211	1,262	\$284,197	\$1,347	\$225	6

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

**Hiawatha**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	3	7	\$2,473	\$824	\$353	2
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	89	1,027	\$238,647	\$2,681	\$232	12
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	403	1,784	\$606,683	\$1,505	\$340	4



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Hiawatha

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	1	54	\$17,847	\$17,847	\$331	54
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	3	7	\$2,040	\$680	\$291	2
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	3	\$3,173	\$3,173	\$1,058	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	1	1	\$680	\$680	\$680	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	3	\$181	\$181	\$60	3
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

**Hiawatha**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Periodontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	17	50	\$19,954	\$1,174	\$399	3
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	12	13	\$3,512	\$293	\$270	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	127	137	\$90,097	\$709	\$658	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	33	34	\$7,131	\$216	\$210	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	9	17	\$2,196	\$244	\$129	2
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	49	1,914	\$20,590	\$420	\$11	39
Peer Directed and Operated Support Services		NA			0	0	\$117,067	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	104	9,802	\$522,359	\$5,023	\$53	94
Community Living Supports in Independent living/own home		H0043		Per diem	1	336	\$29,346	\$29,346	\$87	336
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	9	12	\$5,820	\$647	\$485	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	371	3,532	\$219,388	\$591	\$62	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	102	47,860	\$190,116	\$1,864	\$4	469
Community Living Supports (15 Minutes)		H2015		15 Minutes	47	5,797	\$73,897	\$1,572	\$13	123
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	1	242	\$9,230	\$9,230	\$38	242
Community Living Supports (Daily)		H2016	TG	Per Diem	15	3,586	\$545,022	\$36,335	\$152	239
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	26	6,686	\$44,115	\$1,697	\$7	257
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

Hiawatha

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	1,519	\$24,459	\$24,459	\$16	1,519
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	236	557	\$71,050	\$301	\$128	2
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	32	732	\$66,412	\$2,075	\$91	23
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	11	13	\$4,672	\$425	\$359	1
Health Services		T1002		Up to 15 min	17	4,152	\$43,238	\$2,543	\$10	244
Respite Care		T1005		15 Minutes	21	6,748	\$57,666	\$2,746	\$9	321
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	254	2,577	\$199,752	\$786	\$78	10
Targeted Case Management		T1017		15 minutes	195	5,299	\$362,088	\$1,857	\$68	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	16	3,732	\$30,989	\$1,937	\$8	233
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	91	\$1,290	\$1,290	\$14	91
Assessments		T1023		Encounter	229	286	\$125,154	\$547	\$438	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	5	15	\$222	\$44	\$15	3
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					38	0	\$183,844	\$4,838	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category				Adults with Mental Illness		Fiscal Year 2006-2007			State of Michigan	
Hiawatha										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					955		\$5,021,044			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

Huron

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	82	\$30,143	\$30,143	\$368	82
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2	18	\$12,240	\$6,120	\$680	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	41	226	\$146,540	\$3,574	\$648	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	20	164	\$2,684	\$134	\$16	8
Assessment-Psychiatric Assessment		90801		Encounter	93	101	\$25,391	\$273	\$251	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	18	22	\$2,024	\$112	\$92	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	199	992	\$171,731	\$863	\$173	5

**CMHSP Cost Data by Service Category**

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**Huron**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	26	41	\$7,607	\$293	\$186	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	4	11	\$1,128	\$282	\$103	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	31	152	\$6,466	\$209	\$43	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	102	183	\$13,186	\$129	\$72	2

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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	11	62	\$15,900	\$1,445	\$256	6
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$235	\$235	\$235	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	3	\$187	\$187	\$62	3
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	40	40	\$20,513	\$513	\$513	1
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Huron

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99214		Encounter	270	1,054	\$220,702	\$817	\$209	4
Additional Codes-Physician Services		99215		Encounter	67	77	\$26,690	\$398	\$347	1
Additional Codes-Physician Services		99221			8	9	\$605	\$76	\$67	1
Additional Codes-Physician Services		99222			31	33	\$4,204	\$136	\$127	1
Additional Codes-Physician Services		99223			1	1	\$160	\$160	\$160	1
Additional Codes-Physician Services		99231			40	169	\$6,167	\$154	\$36	4
Additional Codes-Physician Services		99232			16	28	\$630	\$39	\$23	2
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	22	24	\$981	\$45	\$41	1
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

Huron										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	67	861	\$574,981	\$8,582	\$668	13
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	155	159	\$52,594	\$339	\$331	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	2	2	\$939	\$470	\$470	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	1	1	\$70	\$70	\$70	1
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	5	523	\$2,116	\$423	\$4	105
Peer Directed and Operated Support Services		NA			0	0	\$91,096	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	60	12,746	\$881,919	\$14,699	\$69	212
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	1	3	\$317	\$317	\$106	3
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	2	6	\$623	\$311	\$104	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	202	1,394	\$105,528	\$522	\$76	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	35	9,256	\$177,053	\$5,059	\$19	264
Community Living Supports (15 Minutes)		H2015		15 Minutes	32	37,980	\$142,472	\$4,452	\$4	1,187
Community Living Supports (Daily)		H2016		Per Diem	4	1,201	\$20,888	\$5,222	\$17	300
Community Living Supports (Daily)		H2016	TF	Per Diem	1	145	\$5,116	\$5,116	\$35	145
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	39	41,328	\$205,395	\$5,267	\$5	1,060
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	1	1	\$235	\$235	\$235	1
Health Services		T1002		Up to 15 min	1	66	\$1,598	\$1,598	\$24	66
Respite Care		T1005		15 Minutes	1	64	\$87	\$87	\$1	64
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1	38	\$3,341	\$3,341	\$88	38
Targeted Case Management		T1017		15 minutes	166	6,513	\$353,407	\$2,129	\$54	39
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	30	938	\$50,543	\$1,685	\$54	31
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4	1,346	\$3,791	\$948	\$3	337
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	116	187	\$64,754	\$558	\$346	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	8	0	\$3,000	\$375	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					5	0	\$543	\$109	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			11	0	\$7,618	\$693	\$0	0

CMHSP Cost Data by Service Category

CMHSP Cost Data by Service Category				Adults with Mental Illness		Fiscal Year 2006-2007			State of Michigan	
Huron										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					698		\$3,466,138			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Ionia										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	12	93	\$52,540	\$4,378	\$565	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	54	502	\$283,605	\$5,252	\$565	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	261	283	\$146,982	\$563	\$519	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	79	121	\$4,308	\$55	\$36	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	564	3,726	\$239,418	\$424	\$64	7

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	32	43	\$4,411	\$138	\$103	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	1	\$72	\$72	\$72	1
Therapy-Family Therapy		90847		Encounter	3	7	\$475	\$158	\$68	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	276	1,605	\$60,048	\$218	\$37	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	33	59	\$2,230	\$68	\$38	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	380	1,726	\$293,225	\$772	\$170	5

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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	8	46	\$14,718	\$1,840	\$320	6
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0



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Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	57	69	\$13,903	\$244	\$201	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	17	61	\$15,927	\$937	\$261	4
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	603	623	\$53,508	\$89	\$86	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	525	579	\$38,623	\$74	\$67	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	60	4,529	\$227,895	\$3,798	\$50	75
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	16	179	\$2,152	\$135	\$12	11
Peer Directed and Operated Support Services		NA			0	0	\$76,612	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	31	5,892	\$687,305	\$22,171	\$117	190
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	5	8	\$906	\$181	\$113	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	272	2,092	\$145,468	\$535	\$70	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	144	\$3,656	\$3,656	\$25	144
Community Living Supports (15 Minutes)		H2015		15 Minutes	45	22,368	\$157,830	\$3,507	\$7	497
Community Living Supports (Daily)		H2016		Per Diem	7	2,529	\$60,433	\$8,633	\$24	361
Community Living Supports (Daily)		H2016	TF	Per Diem	2	730	\$34,125	\$17,062	\$47	365
Community Living Supports (Daily)		H2016	TG	Per Diem	9	1,861	\$206,575	\$22,953	\$111	207
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	129	2,503	\$67,045	\$520	\$27	19
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

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Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	63	324	\$48,610	\$772	\$150	5
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	9	42	\$9,026	\$1,003	\$215	5
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	8	8	\$1,209	\$151	\$151	1
Health Services		T1002		Up to 15 min	15	408	\$37,019	\$2,468	\$91	27
Respite Care		T1005		15 Minutes	3	836	\$3,418	\$1,139	\$4	279
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	8	82	\$4,593	\$574	\$56	10
Targeted Case Management		T1017		15 minutes	547	18,198	\$1,019,282	\$1,863	\$56	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	5	\$288	\$144	\$58	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	6	1,466	\$22,916	\$3,819	\$16	244
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	3	933	\$63,551	\$21,184	\$68	311
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	10	2,722	\$394,634	\$39,463	\$145	272
Assessments		T1023		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	2	5	\$716	\$358	\$143	3
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	19	22	\$13,858	\$729	\$630	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0

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Ionia										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
<b>Total Population and Cost</b>					<b>1,496</b>		<b>\$4,513,115</b>			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

**Kalamazoo**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	43	2,098	\$833,000	\$19,372	\$397	49
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	9	91	\$58,404	\$6,489	\$642	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	232	2,810	\$1,679,738	\$7,240	\$598	12
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	4	21	\$17,997	\$4,499	\$857	5
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	7	916	\$2,787	\$398	\$3	131
Medication Administration		90772		Encounter	20	55	\$266	\$13	\$5	3
Assessment-Psychiatric Assessment		90801		Encounter	1,176	1,241	\$340,893	\$290	\$275	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	603	6,762	\$429,899	\$713	\$64	11

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Adults with Mental Illness

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**Kalamazoo**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	8	58	\$6,160	\$770	\$106	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	12	\$813	\$271	\$68	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	81	1,102	\$26,339	\$325	\$24	14
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	1,599	5,346	\$647,904	\$405	\$121	3

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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	5	23	\$2,668	\$534	\$116	5
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	19	52	\$12,576	\$662	\$242	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	12	43	\$3,374	\$281	\$78	4
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	2	266	\$4,352	\$2,176	\$16	133
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	32	202	\$11,937	\$373	\$59	6
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			24	26	\$1,440	\$60	\$55	1
Additional Codes-Physician Services		99222			81	87	\$5,760	\$71	\$66	1
Additional Codes-Physician Services		99223			66	71	\$4,608	\$70	\$65	1
Additional Codes-Physician Services		99231			170	1,281	\$80,423	\$473	\$63	8
Additional Codes-Physician Services		99232			155	469	\$30,414	\$196	\$65	3
Additional Codes-Physician Services		99233			98	190	\$12,810	\$131	\$67	2
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	3	3	\$348	\$116	\$116	1
Additional Codes-Physician Services		99254		Encounter	1	1	\$116	\$116	\$116	1
Additional Codes-Physician Services		99255		Encounter	1	1	\$116	\$116	\$116	1
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			8	8	\$112	\$14	\$14	1
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	8	330	\$320	\$40	\$1	41
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	1	46	\$169	\$169	\$4	46
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

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Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	4	4	\$2,350	\$588	\$588	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	282	3,423	\$844,740	\$2,996	\$247	12
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	459	471	\$87,250	\$190	\$185	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	38	44	\$149	\$4	\$3	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	190	2,139	\$153,100	\$806	\$72	11
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	333	66,042	\$2,356,680	\$7,077	\$36	198
Community Living Supports in Independent living/own home		H0043		Per diem	108	29,528	\$740,064	\$6,852	\$25	273
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	17	49	\$630	\$37	\$13	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	1,162	7,572	\$759,337	\$653	\$100	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	52	25,692	\$71,128	\$1,368	\$3	494
Community Living Supports (15 Minutes)		H2015		15 Minutes	30	52,525	\$159,096	\$5,303	\$3	1,751
Community Living Supports (Daily)		H2016		Per Diem	21	2,953	\$49,945	\$2,378	\$17	141
Community Living Supports (Daily)		H2016	TF	Per Diem	86	17,665	\$929,978	\$10,814	\$53	205
Community Living Supports (Daily)		H2016	TG	Per Diem	99	19,042	\$2,034,249	\$20,548	\$107	192
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	236	20,760	\$474,743	\$2,012	\$23	88
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0



## CMHSP Cost Data by Service Category

## Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	172	136,964	\$636,689	\$3,702	\$5	796
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	1	1	\$45	\$45	\$45	1
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	1	132	\$36,238	\$36,238	\$275	132
Respite		S5150		15 Minutes	1	174	\$480	\$480	\$3	174
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	1,584	11,514	\$721,031	\$455	\$63	7
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	4	4	\$390	\$98	\$98	1
Supports Coordination/ Wrap Facilitation		T1016		15 minutes	7	97	\$143,461	\$20,494	\$1,479	14
Targeted Case Management		T1017		15 minutes	1,067	91,603	\$3,092,234	\$2,898	\$34	86
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	31	433	\$69,504	\$2,242	\$161	14
Personal Care in Licensed Specialized Residential Setting		T1020		Days	75	12,040	\$278,867	\$3,718	\$23	161
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	97	19,571	\$1,270,799	\$13,101	\$65	202
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	31	5,573	\$617,133	\$19,908	\$111	180
Assessments		T1023		Encounter	230	264	\$58,288	\$253	\$221	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	7	60	\$4,680	\$669	\$78	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	22	183	\$505,461	\$22,976	\$2,762	8
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					389	0	\$161,025	\$414	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			30	0	\$23,952	\$798	\$0	0

# CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Kalamazoo										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					3,029		\$20,499,459			

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	764	\$297,885	\$99,295	\$390	255
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	4	40	\$21,936	\$5,484	\$548	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	130	1,338	\$733,755	\$5,644	\$548	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	1	1	\$236	\$236	\$236	1
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	15	117	\$31,423	\$2,095	\$269	8
Assessment-Psychiatric Assessment		90801		Encounter	211	213	\$66,375	\$315	\$312	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	134	285	\$24,295	\$181	\$85	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	455	4,205	\$651,031	\$1,431	\$155	9

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	28	83	\$19,277	\$688	\$232	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	4	14	\$2,284	\$571	\$163	4
Therapy-Family Therapy		90847		Encounter	13	54	\$9,175	\$706	\$170	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	30	436	\$68,468	\$2,282	\$157	15
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	429	1,643	\$268,907	\$627	\$164	4

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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	1	1	\$42	\$42	\$42	1
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	1	1	\$84	\$84	\$84	1
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	12	12	\$1,004	\$84	\$84	1
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

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Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	6	55	\$17,357	\$2,893	\$316	9
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	6	49	\$12,593	\$2,099	\$257	8
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	450	463	\$87,475	\$194	\$189	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	350	496	\$107,095	\$306	\$216	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			50	0	\$74,634	\$1,493	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	35	8,627	\$481,861	\$13,767	\$56	246
Community Living Supports in Independent living/own home		H0043		Per diem	15	4,304	\$169,178	\$11,279	\$39	287
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	8	12	\$8,178	\$1,022	\$682	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	25	91	\$3,859	\$154	\$42	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	64	27,916	\$100,407	\$1,569	\$4	436
Community Living Supports (15 Minutes)		H2015		15 Minutes	3	1,232	\$3,048	\$1,016	\$2	411
Community Living Supports (Daily)		H2016		Per Diem	8	2,436	\$49,873	\$6,234	\$20	305
Community Living Supports (Daily)		H2016	TF	Per Diem	23	3,478	\$148,046	\$6,437	\$43	151
Community Living Supports (Daily)		H2016	TG	Per Diem	14	3,227	\$380,952	\$27,211	\$118	231
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	6	1,987	\$12,415	\$2,069	\$6	331
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

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Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	42	84,726	\$491,641	\$11,706	\$6	2,017
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	6	144	\$7,573	\$1,262	\$53	24
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	24	220	\$54,361	\$2,265	\$247	9
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	6	30	\$5,312	\$885	\$177	5
Supports Coordination/Wrap Facilitation		T1016		15 minutes	164	1,507	\$104,069	\$635	\$69	9
Targeted Case Management		T1017		15 minutes	230	5,323	\$408,400	\$1,776	\$77	23
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	4	\$210	\$210	\$53	4
Personal Care in Licensed Specialized Residential Setting		T1020		Days	40	8,833	\$83,977	\$2,099	\$10	221
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2	308	\$14,523	\$7,262	\$47	154
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	147	185	\$48,492	\$330	\$262	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0



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Total Population and Cost					785		\$5,071,706			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	8	1,564	\$640,394	\$80,049	\$409	196
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	122	839	\$636,986	\$5,221	\$759	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	60	587	\$75,289	\$1,255	\$128	10
Assessment-Psychiatric Assessment		90801		Encounter	317	325	\$124,485	\$393	\$383	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	190	1,684	\$123,774	\$651	\$74	9

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	7	\$1,539	\$1,539	\$220	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	16	\$2,352	\$784	\$147	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	46	290	\$10,629	\$231	\$37	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	1,016	4,191	\$642,103	\$632	\$153	4

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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	1	1	\$1,977	\$1,977	\$1,977	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	7	\$1,057	\$529	\$151	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			2	2	\$150	\$75	\$75	1
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			1	3	\$135	\$135	\$45	3
Additional Codes-Physician Services		99233			1	1	\$45	\$45	\$45	1
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	11	85	\$16,353	\$1,487	\$192	8
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

Lenawee

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	10	60	\$2,160	\$216	\$36	6
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	26	54,004	\$60,696	\$2,334	\$1	2,077
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	1,011	1,842	\$811,162	\$802	\$440	2
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	639	714	\$137,359	\$215	\$192	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	178	735	\$46,239	\$260	\$63	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	40	45,444	\$133,151	\$3,329	\$3	1,136
Community Living Supports (15 Minutes)		H2015		15 Minutes	23	117,916	\$444,543	\$19,328	\$4	5,127
Community Living Supports (Daily)		H2016		Per Diem	1	183	\$4,626	\$4,626	\$25	183
Community Living Supports (Daily)		H2016	TF	Per Diem	5	1,047	\$67,981	\$13,596	\$65	209
Community Living Supports (Daily)		H2016	TG	Per Diem	16	3,758	\$504,436	\$31,527	\$134	235
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	2	19	\$2,012	\$1,006	\$106	10
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

Lenawee

Service Category	Revenue Code	HPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	97	109,342	\$658,239	\$6,786	\$6	1,127
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	4	80	\$2,880	\$720	\$36	20
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	24	26	\$3,033	\$126	\$117	1
Health Services		T1002		Up to 15 min	542	1,550	\$25,839	\$48	\$17	3
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	8	19	\$432	\$54	\$23	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	22	351	\$52,955	\$2,407	\$151	16
Targeted Case Management		T1017		15 minutes	335	10,528	\$1,263,044	\$3,770	\$120	31
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	37	1,766	\$211,867	\$5,726	\$120	48
Personal Care in Licensed Specialized Residential Setting		T1020		Days	11	2,310	\$50,866	\$4,624	\$22	210
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	6	1,169	\$68,807	\$11,468	\$59	195
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	3	736	\$95,532	\$31,844	\$130	245
Assessments		T1023		Encounter	182	242	\$76,121	\$418	\$315	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category				Adults with Mental Illness		Fiscal Year 2006-2007			State of Michigan	
Lenawee										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					1,460		\$7,001,248			



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

**Lifeways**

Service Category	Revenue Code	HPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	19	2,003	\$652,365	\$34,335	\$326	105
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	74	787	\$473,071	\$6,393	\$601	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	554	6,100	\$2,493,881	\$4,502	\$409	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	19	105	\$32,813	\$1,727	\$313	6
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	42	105	\$6,076	\$145	\$58	3
Assessment-Psychiatric Assessment		90801		Encounter	987	1,017	\$105,640	\$107	\$104	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	482	899	\$48,425	\$100	\$54	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	20	76	\$2,850	\$143	\$38	4
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,161	5,685	\$543,552	\$468	\$96	5

**CMHSP Cost Data by Service Category**

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State of Michigan

Lifeways										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	320	1,719	\$129,373	\$404	\$75	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	4	5	\$553	\$138	\$111	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	9	\$865	\$288	\$96	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	63	639	\$23,368	\$371	\$37	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	4	14	\$490	\$123	\$35	4
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	1,610	6,563	\$584,970	\$363	\$89	4

**CMHSP Cost Data by Service Category**

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**Lifeways**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	17	46	\$4,578	\$269	\$100	3
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	8	9	\$1,628	\$204	\$181	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	10	\$197	\$197	\$20	10
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	6	24	\$797	\$133	\$33	4
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	44	386	\$8,829	\$201	\$23	9
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			1	1	\$145	\$145	\$145	1
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			1	4	\$180	\$180	\$45	4
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	1	1	\$95	\$95	\$95	1
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	17	639	\$2,676	\$157	\$4	38
Additional Codes-Transportation		A0427		Refer to code descriptions	17	18	\$3,606	\$212	\$200	1
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

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Lifeways										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Periodontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	8	75	\$6,375	\$797	\$85	9
Substance Abuse: Individual Assessment		H0001		Encounter	251	253	\$28,963	\$115	\$114	1
Assessment		H0002		Encounter	2,271	2,543	\$614,717	\$271	\$242	1
Substance Abuse: Individual Assessment		H0002		Encounter	111	111	\$54,213	\$488	\$488	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	212	1,426	\$49,880	\$235	\$35	7
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	43	138	\$22,925	\$533	\$166	3
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	95	836	\$79,778	\$840	\$95	9
Crisis Residential Services		H0018		Days	194	1,428	\$397,134	\$2,047	\$278	7
Substance Abuse: Residential	1002	H0018		Days	42	218	\$29,866	\$711	\$137	5
Substance Abuse: Residential	1002	H0019		Days	30	568	\$63,165	\$2,106	\$111	19
Substance Abuse: Methadone		H0020		Encounter	40	10,310	\$72,002	\$1,800	\$7	258
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	692	837	\$120,350	\$174	\$144	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	80	898	\$52,014	\$650	\$58	11
Substance Abuse: Pharmacological Support - Suboxone		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	6	252	\$252	\$42	\$1	42
Peer Directed and Operated Support Services		NA			0	0	\$219,000	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	377	143,053	\$3,985,444	\$10,571	\$28	379
Community Living Supports in Independent living/own home		H0043		Per diem	22	2,908	\$310,680	\$14,122	\$107	132
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	60	68	\$3,791	\$63	\$56	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	1,506	7,067	\$232,583	\$154	\$33	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	114	90,367	\$382,296	\$3,353	\$4	793
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	24	\$153	\$153	\$6	24
Community Living Supports (Daily)		H2016		Per Diem	11	2,104	\$306,654	\$27,878	\$146	191
Community Living Supports (Daily)		H2016	TF	Per Diem	10	2,505	\$132,194	\$13,219	\$53	251
Community Living Supports (Daily)		H2016	TG	Per Diem	38	8,467	\$1,005,290	\$26,455	\$119	223
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	12	281	\$1,323	\$110	\$5	23
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

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Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	67	112,411	\$365,671	\$5,458	\$3	1,678
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	439	837	\$76,475	\$174	\$91	2
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	44	6,093	\$3,800	\$86	\$1	138
Family Training		S5110		15 Minutes	0	96	\$9,999	\$0	\$104	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	396	1,778	\$191,382	\$483	\$108	4
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	282	284	\$25,310	\$90	\$89	1
Health Services		T1002		Up to 15 min	26	466	\$15,481	\$595	\$33	18
Respite Care		T1005		15 Minutes	1	388	\$6,840	\$6,840	\$18	388
Respite Care		T1005	TD	15 Minutes	0	0	\$18	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	13	44	\$4,560	\$351	\$104	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	106	10,445	\$279,761	\$2,639	\$27	99
Targeted Case Management		T1017		15 minutes	686	42,894	\$1,141,779	\$1,664	\$27	63
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	16	819	\$62,094	\$3,881	\$76	51
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	4	865	\$168,470	\$42,118	\$195	216
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2	729	\$72,355	\$36,177	\$99	365
Assessments		T1023		Encounter	344	347	\$47,887	\$139	\$138	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	677	3,508	\$102,451	\$151	\$29	5
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	62	417	\$31,970	\$516	\$77	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					95	0	\$306,302	\$3,224	\$0	0
Other					0	0	\$1,982,621	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$115,283	\$0	\$0	0

# CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Lifeways										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					5,269		\$18,302,572			

**CMHSP Cost Data by Service Category**
**Adults with Mental Illness**

Fiscal Year 2006-2007

State of Michigan

Livingston										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	16	145	\$111,240	\$6,952	\$767	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	116	1,050	\$805,529	\$6,944	\$767	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	2	26	\$23,404	\$11,702	\$900	13
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	141	711	\$48,682	\$345	\$68	5
Assessment-Psychiatric Assessment		90801		Encounter	137	139	\$40,733	\$297	\$293	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	107	373	\$33,100	\$309	\$89	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	287	3,046	\$496,696	\$1,731	\$163	11



**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	29	49	\$14,829	\$511	\$303	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	4	\$356	\$356	\$89	4
Therapy-Family Therapy		90847		Encounter	10	28	\$3,973	\$397	\$142	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	111	1,366	\$159,399	\$1,436	\$117	12
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	506	2,522	\$319,406	\$631	\$127	5

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Adults with Mental Illness

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Livingston

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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	6	\$820	\$410	\$137	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	1	1	\$137	\$137	\$137	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	1	11	\$127	\$127	\$12	11
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

Fiscal Year 2006-2007

State of Michigan

Livingston

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category**

Adults with Mental Illness

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State of Michigan

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	8	56	\$7,029	\$879	\$126	7
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	227	234	\$127,850	\$563	\$546	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	79	115	\$19,580	\$248	\$170	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	45	2,378	\$133,263	\$2,961	\$56	53
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	9	258	\$13,630	\$1,514	\$53	29
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	70	16,769	\$730,122	\$10,430	\$44	240
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	4	8	\$811	\$203	\$101	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	166	474	\$18,486	\$111	\$39	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	11	11,252	\$44,670	\$4,061	\$4	1,023
Community Living Supports (15 Minutes)		H2015		15 Minutes	80	201,233	\$623,822	\$7,798	\$3	2,515
Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	4	1,172	\$222,715	\$55,679	\$190	293
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	38	\$4,376	\$4,376	\$115	38
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	9	9,923	\$31,456	\$3,495	\$3	1,103
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

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Livingston										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	67	69,367	\$369,032	\$5,508	\$5	1,035
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	8	2,553	\$5,412	\$677	\$2	319
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	13	39	\$2,806	\$216	\$72	3
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	2	4	\$2,911	\$1,456	\$728	2
Health Services		T1002		Up to 15 min	61	142	\$15,878	\$260	\$112	2
Respite Care		T1005		15 Minutes	1	10	\$92	\$92	\$9	10
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	5	6	\$2,514	\$503	\$419	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	20	555	\$57,276	\$2,864	\$103	28
Targeted Case Management		T1017		15 minutes	322	11,769	\$1,062,388	\$3,299	\$90	37
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	13	208	\$18,776	\$1,444	\$90	16
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	203	\$6,579	\$6,579	\$32	203
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1	298	\$17,561	\$17,561	\$59	298
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	119	150	\$18,666	\$157	\$124	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	2	24	\$2,966	\$1,483	\$124	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0

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Livingston										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
<b>Total Population and Cost</b>					<b>921</b>		<b>\$5,619,100</b>			

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**Macomb**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	37	9,683	\$3,393,186	\$91,708	\$350	262
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1,370	22,812	\$7,778,130	\$5,677	\$341	17
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	616	4,278	\$1,730,748	\$2,810	\$405	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	1,318	1,874	\$224,895	\$171	\$120	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	11	69	\$31,515	\$2,865	\$457	6
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	345	2,403	\$464,869	\$1,347	\$193	7
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	380	3,175	\$327,673	\$862	\$103	8
Assessment-Psychiatric Assessment		90801		Encounter	4,501	6,459	\$1,527,528	\$339	\$236	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	773	1,306	\$119,958	\$155	\$92	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	3,260	25,962	\$2,711,796	\$832	\$104	8

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	80	137	\$43,380	\$542	\$317	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	15	18	\$3,002	\$200	\$167	1
Therapy-Family Therapy		90847		Encounter	159	407	\$65,265	\$410	\$160	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	262	2,392	\$155,683	\$594	\$65	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	5,374	27,777	\$2,617,969	\$487	\$94	5



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Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	46	113	\$16,000	\$348	\$142	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$200	\$200	\$200	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	47	153	\$24,274	\$516	\$159	3
Assessment or Health Services		97803		15 Minutes	62	497	\$66,537	\$1,073	\$134	8
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	2	18	\$835	\$418	\$46	9
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	1	1	\$371	\$371	\$371	1
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			31	1,546	\$15,577	\$502	\$10	50
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0

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Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridental, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006			0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	168	1,786	\$443,275	\$2,639	\$248	11
Substance Abuse: Residential	1002	H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	650	67,600	\$175,947	\$271	\$3	104
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	2,152	2,221	\$583,796	\$271	\$263	1
Substance Abuse: Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	3,037	4,878	\$633,295	\$209	\$130	2
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	675	2,702	\$252,745	\$374	\$94	4
Home Based Services		H0036		15 Minutes	22	4,156	\$288,911	\$13,132	\$70	189
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	4	\$207	\$207	\$52	4
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	227	20,685	\$2,358,625	\$10,390	\$114	91
Community Living Supports in Independent living/own home		H0043		Per diem	104	25,618	\$1,473,604	\$14,169	\$58	246
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	1	3	\$163	\$163	\$54	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	310	1,745	\$348,488	\$1,124	\$200	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	58	93,165	\$221,982	\$3,827	\$2	1,606
Community Living Supports (15 Minutes)		H2015		15 Minutes	49	62,851	\$235,976	\$4,816	\$4	1,283
Community Living Supports (Daily)		H2016		Per Diem	23	6,552	\$231,066	\$10,046	\$35	285
Community Living Supports (Daily)		H2016	TF	Per Diem	92	25,934	\$1,728,168	\$18,784	\$67	282
Community Living Supports (Daily)		H2016	TG	Per Diem	360	87,244	\$9,826,925	\$27,297	\$113	242
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	2	24	\$6,095	\$3,048	\$254	12
Supported Employment Services		H2023		15 minutes	2	582	\$1,227	\$614	\$2	291
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

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Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	212	262,235	\$1,233,942	\$5,820	\$5	1,237
Substance Abuse: Outpatient Care		H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	3	8	\$1,616	\$539	\$202	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	18	46	\$2,993	\$166	\$65	3
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	49	94	\$40,992	\$837	\$436	2
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	491	518	\$95,613	\$195	\$185	1
Health Services		T1002		Up to 15 min	672	8,318	\$668,288	\$994	\$80	12
Respite Care		T1005		15 Minutes	5	2,896	\$11,194	\$2,239	\$4	579
Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	32	483	\$148,518	\$4,641	\$307	15
Targeted Case Management		T1017		15 minutes	2,722	58,194	\$4,538,666	\$1,667	\$78	21
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	90	2,637	\$305,436	\$3,394	\$116	29
Personal Care in Licensed Specialized Residential Setting		T1020		Days	276	72,573	\$2,148,724	\$7,785	\$30	263
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	170	39,192	\$2,507,334	\$14,749	\$64	231
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	22	5,823	\$536,455	\$24,384	\$92	265
Assessments		T1023		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	143	11,915	\$130,462	\$912	\$11	83
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0

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Total Population and Cost					7,440		\$52,500,119			